



**APPLICATION**  
**Certificate of Registration**  
**GENERAL SEASON HUNTS**

**Attention: False, inaccurate, or misleading information on this application is a criminal offense and violation of Utah Code Title 23 Chapter 19 Section 5.**

**Rule R657-12, under Special Season Extension for Disabled Persons “allows” or “states”:**

1) A person may obtain a Certificate of Registration from a division office to hunt an extended general deer, elk or wild turkey season as provided in Subsection (2), provided the person requesting the extension:

- (a) is blind, quadriplegic, upper extremity disabled, paraplegic, or otherwise permanently disabled so as to be permanently confined to a wheelchair or the use of crutches, or who has lost either or both lower extremities;
- (b) satisfies the hunter education requirements as provided in Section 23-19-11 and Rule R657-23; and
- (c) obtains the appropriate license, permit and tag.

(2) (a) The extended general deer season may include

(i) a five day hunt immediately preceding the general any weapon buck deer season opening date published in the proclamation of the Wildlife Board for taking big game;

(A) general extensions may not be available where the season has been shortened; and

(ii) a one time, experimental hunt beginning November 7, 2009 and ending November 8, 2009.

(b) The extended general spike bull elk season may occur five days after the general season spike bull elk hunt published in the proclamation of the Wildlife Board for taking big game.

(c) The extended general any bull elk season may occur concurrently with the general youth any bull elk hunt published in the proclamation of the Wildlife Board for taking big game.

(d) The extended general wild turkey season may occur during the following dates;

(i) April 2 through April 4 2010;

(ii) April 1 through April 3 2011; and

(iii) March 30 through April 1 2012.

(3) The division shall accept the following as evidence of disability:

(a) obvious physical impediment;

(b) use of any mobility device described in Section R657-12-2(2)(b);

(c) a signed statement by a licensed ophthalmologist, optometrist, or a physician verifying the person is blind as defined under Section R657-12-2(2)(a); or

(d) a signed statement by a licensed physician verifying the person is quadriplegic, upper extremity disabled as defined under Section R657-12-2(2)(d), paraplegic, or otherwise permanently disabled so as to be permanently confined to a wheelchair or the use of crutches, or has lost either or both lower extremities.

☐ **As the applicant I have read and understand the requirements for obtaining this Certificate of Registration.**

Certificate of Registration is issued upon approval of application, and applicant's purchase of the required license/permit/tag.

**I HEREBY APPLY FOR A CERTIFICATE OF REGISTRATION IN ACCORDANCE WITH THE ABOVE STIPULATIONS**

Customer Identification # \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**For more information or additional consideration please contact: Kenneth Johnson (801) 538-4839**

**Fax to: (801) 538-4858**

**Mail originals to: Attention Licensing**

**1594 West North Temple Suite 2110**

**Salt Lake City UT, 84114**

**\*You must provide the original documentation prior to being issued a C.O.R. You may bring this to any division office.**

### PHYSICIAN'S STATEMENT

(Must be completed and signed by physician for physical disabilities other than blindness; or by a physician, ophthalmologist, or optometrist for vision disabilities)

I hereby certify the above named applicant meets the criteria of legally blind, upper extremity disabled, paraplegic, quadriplegic, losing either or both lower extremities, or otherwise permanently disabled so as to be confined to a wheelchair or the use of crutches.

**1. The applicant is blind?:**    Yes    No

"Blind" means the person has no more than 20/200 visual acuity in the better eye when corrected; or has, in the case of better than 20/200 central vision, a restriction of the field of vision in the better eye which subtends an angle of vision 20 degrees or less.

**2. The applicant is paraplegic?:**    Yes    No

**3. The applicant is quadriplegic?:**    Yes    No

**4. The applicant's physical impairment is Permanent?:**    Yes    No

**5. This physical impairment permanently confines the applicant to the use of crutches, or a wheelchair?:**

Yes    No

"Crutches" means a staff or support designed to fit under or attach to each arm, including a walker, which improve a person's mobility that is otherwise severely restricted by a permanent physical injury or disability.

**6. This physical impairment involves the permanent loss of use of at least one of the applicant's lower extremities?:**

Yes    No

"Loss of either or both lower extremities" means the permanent loss of use or the physical loss of one or both legs or a part of either or both legs which severely impedes a person's mobility.

**7. The applicant is upper extremity disabled?**    Yes    No

"Upper extremity disabled" means a person who has a permanent physical impairment due to injury or disease, congenital or acquired, which renders the person so severely disabled as to be physically unable to use any legal hunting weapon or fishing device.

**Please explain how the impairment satisfies the state requirement found on this application: (attach additional pages as necessary)**

#### Dr. Office Use Only:

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Professional Title \_\_\_\_\_

Physician Name (print) \_\_\_\_\_ Telephone Number \_\_\_\_\_

Affix Office Stamp Here:                      Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### Division Use Only:

**Applicant meets the qualifications for this COR**    Y    N    ☐ **Need more information**

**Region** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Clerk Initials:** \_\_\_\_\_

#### NOTES:

For more information or additional consideration please contact: Kenneth Johnson (801) 538-4839